

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

FILE

COVER PAGE
CALIFORNIA 460
2001/02
FORM

Statement covers period
from Feb 17, 2002
through Jun 30, 2002

Date of election if applicable:
(Month, Day, Year)

AUG 28 2002

REGISTRAR OF VOTERS
By [Signature] Deputy

Page 01 of 16
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
(Also Complete Part 5)

☐ Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
(Also Complete Part 6)

☐ General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee

☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

To correct filing period and to add some
missing details to sub A

3. Committee Information

I.D. NUMBER 980968

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Council for Assessor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8.27.2002
Date

Executed on 8/27/2002
Date

Executed on
Date

Executed on
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Webster J. Gullory

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Assessor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from 02/17/02

through 06/30/02

SUMMARY PAGE

CALIFORNIA
FORM 460

Page 2 of 16

ID NUMBER

980968

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GULLOY FOR ASSESSOR

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1 Monetary Contributions	Schedule A, Line 3	\$ 13518.00	\$ 17468.00
2 Loans Received	Schedule B, Line 7	<10,000.00>	23,400.00
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 3,518.00	\$ 40,868.00
4 Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 3,518.00	\$ 40,868.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6 Payments Made	Schedule E, Line 4	\$ 9142.30	\$ 21,210.30
7 Loans Made	Schedule H, Line 7	0.00	0.00
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 9142.30	\$ 21,210.30
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<6,000.00>	0.00
10 Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 3,142.30	\$ 21,210.30

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

Current Cash Statement

12 Beginning Cash Balance	Previous Summary Page, Line 16	\$ 6,550.05
13 Cash Receipts	Column A, Line 3 above	3,518.00
14 Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15 Cash Payments	Column A, Line 8 above	9,142.30
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 925.75

If this is a termination statement, Line 16 must be zero.

17 LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18 Cash Equivalents	See instructions on reverse	\$ 0.00
19 Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 23,400.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from 02/17/02

through 06/30/02

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Guillory For Assessor

I.D. NUMBER
980968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.)

\$ 12,573.00

2. Amount received this period – unitemized contributions of less than \$100

\$ 945.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 13,518.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A - Monetary Contributions Received
Guillory for Assessor #980968

Statement Covers Period from February 17 through June 30, 2002

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Date Received	First Name	Last Name	Company	Address	City	State	Zip	Cont. Code	Occupation	Employer	Amount Received This Period	Cumulative To Date Calendar Yr (Jan 1 - Dec 31)	Per Election to Date
02/23/02			Nasatir, Hirsch, Podberesky & Genego		San Francisco	CA	94105	COM	Law Corporation		\$ 200.00	\$ 200.00	\$ 200.00
02/22/02			Netcom Solutions International, Inc.		San Jose	CA	95131	COM	Corporation		\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
02/22/02	Kathi S.	Harper			Alhambra	CA	91803	IND	Human Resources	MTA	\$ 198.00	\$ 198.00	\$ 198.00
02/25/02			Harmony Gold		Los Angeles	CA	90045	COM	Production Company		\$ 500.00	\$ 500.00	\$ 500.00
02/25/02	Solomon H.	Cates, Jr.			Los Angeles	CA	90009	IND	Retired		\$ 200.00	\$ 200.00	\$ 200.00
02/25/02	Steve	Grimm			Encinitas	CA	92025	IND	Deputy Assessor	Assessor Department	\$ 500.00	\$ 500.00	\$ 500.00
02/25/02			South Coast Apt. Assn. Local PAC		Orange	CA	92667	PAC			\$ 250.00	\$ 250.00	\$ 250.00
02/25/02	Asaad	Kelada			Los Angeles	CA	90009	IND	Production Co./Director	Sloane House, Ent.	\$ 100.00	\$ 100.00	\$ 100.00
02/25/02	Yolanda H.	Caraway			Marlborough	MA	01902	IND	Business Owner	The Caraway Group	\$ 500.00	\$ 500.00	\$ 500.00
02/25/02	Charles F.	Johnson			Los Angeles	CA	90009	IND	Director	Self-Employed	\$ 250.00	\$ 250.00	\$ 250.00
02/25/02	Jason	Salem			Alhambra	CA	91803	IND	CEO	Paragon Alliance Corp.	\$ 400.00	\$ 400.00	\$ 400.00
02/25/02	Jim	Morris			Orange	CA	92667	IND	Developer	Self-Employed	\$ 500.00	\$ 500.00	\$ 500.00
02/25/02	Mark & Linda D.	Reed			Marlborough	MA	01902	IND	Sales Manager	ING-Financial	\$ 200.00	\$ 200.00	\$ 200.00
02/25/02	Robert	Schiller			Alhambra	CA	91803	IND	Producer/Director	Self-Employed	\$ 250.00	\$ 250.00	\$ 250.00
02/26/02	Gina E.	Ross			Los Angeles	CA	90009	IND	Marketing Executive	Disney Co.	\$ 200.00	\$ 200.00	\$ 200.00
02/26/02	Sandra & James	Reynolds			Los Angeles	CA	90009	IND	Mortgage Banker	Loop Capital Markets	\$ 100.00	\$ 100.00	\$ 100.00
02/26/02	Nolan & Marlene	Charbonnet			San Francisco	CA	94115	IND	Retired		\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
02/26/02	Philip Nelson	Lee			Los Angeles	CA	90009	IND	Attorney	Fulbright & Jaworski LLP	\$ 200.00	\$ 200.00	\$ 200.00
02/26/02	Larkin	Arnold			San Francisco	CA	94109	IND	Attorney	Self-Employed	\$ 250.00	\$ 250.00	\$ 250.00
02/26/02	Daniel K.	Tabor			Alhambra	CA	91803	IND	Consultant	Self-Employed	\$ 150.00	\$ 150.00	\$ 150.00
02/26/02	William J.	Galloway			San Jose	CA	95128	IND	Real Estate Investor	Self-Employed	\$ 500.00	\$ 500.00	\$ 500.00
02/26/02	Jason & Scott	Guidry			Los Angeles	CA	90009	IND	Counselor	Long Beach Job Corps	\$ 100.00	\$ 100.00	\$ 100.00
02/26/02	Jaime	Biel			San Jose	CA	95128	IND	Financial Advisor	American Express	\$ 100.00	\$ 100.00	\$ 100.00
02/26/02	P. Anthony	Thomas			Los Angeles	CA	90009	IND	Public Affairs	So. California Edison	\$ 100.00	\$ 100.00	\$ 100.00
02/26/02	Monroe P.	Balton			Los Angeles	CA	90009	IND	Attorney	FAA	\$ 100.00	\$ 100.00	\$ 100.00
02/26/02	Le Roy J.	Mathews			Los Angeles	CA	90009	IND	Retired		\$ 100.00	\$ 100.00	\$ 100.00
02/27/02			C J Segerstrom & Sons		San Francisco	CA	94109	COM	Corporation		\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
02/27/02	Carolyn	Folks			San Francisco	CA	94109	IND	Producer/Director	Self-Employed	\$ 200.00	\$ 200.00	\$ 200.00
02/27/02	Allen E.	Doby			San Francisco	CA	94109	IND	Retired		\$ 100.00	\$ 100.00	\$ 100.00
03/04/02			Orange Co. Prof. Firefighters Assoc. PAC		San Jose	CA	95128	PAC			\$ 500.00	\$ 500.00	\$ 500.00
03/04/02	Wilbur	Williams, Jr., MD	Wilbur Williams, M.D., Inc.		Los Angeles	CA	90009	IND	Surgeon	Self-Employed	\$ 100.00	\$ 100.00	\$ 100.00
03/04/02	Larry E.	Thompson			Los Angeles	CA	90009	IND	Vice President	Xerox Corp.	\$ 200.00	\$ 200.00	\$ 200.00
03/04/02			Payton Technology Corp.		San Francisco	CA	94109	COM	Corporation		\$ 200.00	\$ 200.00	\$ 200.00
03/05/02			Orange Co. Employees Assn. Inc. Political Action Committee		San Francisco	CA	94109	PAC	PAC		\$ 1,000.00	\$ 1,000.00	\$ 1,000.00

Schedule A - Monetary Contributions Received
Guillory for Assessor #980968

Statement Covers Period from February 17 through June 30, 2002

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Date Received	First Name	Last Name	Company	Address	City	State	Zip	Cont. Code	Occupation	Employer	Amount Received This Period	Cumulative To Date Calendar Yr (Jan 1 - Dec 31)	Per Election to Date
03/07/02	Eric M	Nakasu		18449 N. Greenway Circle	Greenwood Village	CO	80120	IND	Vice President	United Calling Network, Inc.	\$ 100.00	\$ 100.00	\$ 100.00
03/07/02	Phillip	Van Miller		60000 E. Bow Rd. Ste 400	Englewood	CO	80120	IND	Chairman	United Calling Network, Inc.	\$ 100.00	\$ 100.00	\$ 100.00
03/07/02			United Calling Network, Inc.	45307 Southfield Blvd	Warren	MI	48090	COM	Corporation		\$ 250.00	\$ 250.00	\$ 250.00
03/07/02	Fred & Julie	Gladney		4400 Glen	Englewood	CO	80120	IND	Sr. Vice Pres. Of North America	DDI World	\$ 100.00	\$ 100.00	\$ 100.00
03/09/02	L. J.	Mosley		2400 Green Rd. Englewood	Englewood	CO	80120	IND	Account Executive	IBM Corp.	\$ 100.00	\$ 100.00	\$ 100.00
03/09/02	Clyde L.	Butler		60000 E. Bow Rd. Ste 400	Englewood	CO	80120	IND	Consultant	Self-Employed	\$ 250.00	\$ 250.00	\$ 250.00
03/09/02	Fred W.	Speer		4400 Glen	Englewood	CO	80120	IND	Account Manager	IBM Corp.	\$ 100.00	\$ 100.00	\$ 100.00
03/09/02	Rod	Gaines		4000 S. Greenway	Arden	NC	28700	IND	Vice President	Cendant Corporation	\$ 325.00	\$ 325.00	\$ 325.00

Amt. This Period over \$100	\$ 12,573.00	\$ 12,573.00	\$ 12,573.00
Unitemized Totals	\$ 945.00	\$ 945.00	\$ 945.00
Total Monetary Received	\$ 13,518.00	\$ 13,518.00	\$ 13,518.00

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 02/17/02
through 06/30/02

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I.D. NUMBER
980968

Gullory For Assessor

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Webster J. Gullory [REDACTED] [REDACTED] † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assessor	\$ 33,400.	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 10,000. <input type="checkbox"/> FORGIVEN \$	\$ 23,400. DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
SUBTOTALS \$ 0.00 \$ 10,000. \$ 23,400. \$ 0.00								

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ (10,000.00)
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ (10,000.00)
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule B – Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period
from 02/17/02
through 06/30/02

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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I.D. NUMBER
980968

Cullory For Assessor

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$ <u>0.00</u>						Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 02/17/02

through 06/30/02

CALIFORNIA
FORM 460

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I.D. NUMBER

980968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gullory For Assessor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 0.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 02/12/02
 through 06/30/02

SCHEDULE D
CALIFORNIA
FORM 460

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I.D. NUMBER
980968

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Caullery For Assessor

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$					0.00	

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 0.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from 02/17/02
through 06/30/02

SCHEDULE
CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Guilford For Assessor

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I.D. NUMBER

980968

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cops Voter Guide [REDACTED] [REDACTED]	LIT			1000.00
Democratic Foundation of Orange [REDACTED] [REDACTED]	LIT			1000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2000.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 9138.80
2. Unitemized payments made this period of under \$100 \$ 3.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 9142.30

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period

CALIFORNIA
FORM 460

from 02/17/02

through 06/30/02

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Quillery For Assessor

I.D. NUMBER
980968

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Post master	OFC	stamps	34.00
E. Padburg [REDACTED] [REDACTED]	CNS		6054.00
Rod Gains [REDACTED] [REDACTED]	FND		990.80
Connie Ealy [REDACTED] [REDACTED]		Election night	60.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7138.80

Schedule F

Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 02/11/02
through 06/30/02

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER


Gullery For Assessor

I.D. NUMBER

980968

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>Eileen Padberg</u> 	<u>CNS</u>	<u>6,000.00</u>	<u>54.00</u>	<u><6,054.00></u>	<u>.00</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 6,000.00 \$ 54.00 \$ <6,054.00> \$.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... INCURRED TOTALS \$ 54.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... PAID TOTALS \$ <6,054.00>
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... NET \$ <6,000.00>
May be a negative number

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 02/17/02
through 06/30/02

SCHEDULE G

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gullery For Assessor

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I.D. NUMBER
980968

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 02/17/02
through 06/30/02

SCHEDULE H
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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Guilford For Assessor

I.D. NUMBER

980968

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$ _____
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans \$ _____
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE I

Statement covers period

from 02/17/02

through 06/30/02

CALIFORNIA
 FORM **460**

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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Guillory For Assessor

I.D. NUMBER
980968

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- Increases to cash of \$100 or more this period. \$ _____
- Unitemized increases to cash under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0.00

Webster J. Guillory

P.O. Box 4355
Santa Ana, CA 92702-4355

(714) 834-2734

August 21, 2002

Fair Political Practices Commission
[REDACTED]
[REDACTED]
[REDACTED]

RE: Form 460—Schedule A/Approval Request

This is a request to approve an alternate Form 460/Schedule A.

Please review the attachment. The attachment is a spreadsheet containing all the requested details and information on Form 460/Schedule A—Monetary Contributions Received. The substance of the required report is completely adhered to and the layout is consistent as to form.

This is a request asking you to provide a letter or appropriate notice that the attachment meets the requirements of Schedule A.

The attachment also saves time and reduces the amount of paper that otherwise would be required to be used.

If you have any questions about this request, please call me at (714) 834-2734.

Thank you for this consideration.

Sincerely,

Webster J. Guillory
Orange County Assessor
FPPC #980968